

Near-miss and lost or damaged Property/Equipment

A near-miss incident is a "close call" – a dangerous situation where safety was compromised without significant injury, and/or a Rule that was not followed. A near miss also includes any Rule that was not followed or any situation where a person or group became lost.

| Department: ☐ Outdoor Schools ☐ Outdoor Programs☐ Summer Car | mp |
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| Person involved is: participant \square staff \square teacher or group-leader \square vo | olunteer other: |
| If School or Community Group, name: | |
| Full name of Staff member reporting from the Incident Scene: | |
| Position: Date (dd / mm / yy): | Time of day (circle AM / PM): |
| Person involved – full name, if applicable: | Age: Check: Female |
| Location, general (for example: mainsite CCH, Outpost, on OT, etc.): | |
| Location, specific (for example: corrals, pool, Bald Drumlin, OR, if on OT, give local | name, map name/number & GR): |
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| Incident description (provide relevant details: distances, times, sizes, sequence of presumptions; use observed events; Include a diagram if that would be helpful – s | |
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| Describe what you believe to be contributing factors: | |
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| Describe any significant lessons learned from this incident: | |
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| Describe a SPECIFIC new pro-active approach(s) to avoid a similar situation: | |
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| scribe a SPECIFIC developed response(s) should a similar situation | n occur again: | |
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| gram(s) if applicable: | | |
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| ordinator/director: | | |
| partment manager: | | |
| ierai Manager. | Signature. | Batel dd / mm / yy / |
| partment Manager / Full-time Director: | | |
| son Involved – Telephone number: #1 | #2 if applicable: | |
| son involved – Parent(s) Name(s) (if under 18 yrs.): #1 | #2 | |
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| rson involved – Permanent Address: | | |
| de 1 (EMS was called, or missing participant) Code 2 (Mino | or injury/illness) Code Re | ed (Fire) Code 3 (other) |
| ow-up notes by Full-time Director (include telephone numbers, | names, dates, notes to EACH f | ollow-up communication; attach extra sheets if required |
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